EXHIBIT 5

St. Francis Medical Center

3630 East Imperial Highway, Lynwood, CA 90262
310-900-8900

ADMISSION/REGISTRATION

Patient	Medical Record #	CSN#	Hospital Acct #	Fin Class/Reimb Type
Trauma, Southsudan One Preferred Name	112266444	7700065126606	706000149224	GOVT/

Admit/Serv Dt Time	IP Admit Dt/Time	ED Arr Dt Time	Disch Dt Time	Room/Bed	Location	Service
5/4/2022 1159	N/A N/A	5/4/22 1159	5/4/2022 1834	TRAUMA 02	SFMC ER	Emergency Medicine

Pt Class	Arrival Mode	Point of Origin	Priority	Primary Care	Office Phone
Emergency	ALS Ambulanc	Home	Trauma Center	None Pcp, MD	None

Chief Complaint	Admission Diagnosis	User
TRAUMA		MNZEOGU

Emergency Physician	Office Phone	Attending Physician	Office Phone	Admitting Physician	Office Phone
Randy E Woo	310-900-4525				

PATIENT

SSN	DOB	Age	Sex	MS	Religion	VIP	Conf
xxx-xx-0001	5/4/1874	148 y.o.	U	Unknown	Unknown		

Race	Ethnicity	Preferred	Maiden Other
Unknown	Unknown	Unknown	

Address:
UNKNOWN
LYNWOOD, CA 90262

Alternative Address:
Care of:

Home Phone: 999-999-9999

Cell Phone:

PATIENT EMPLOYER

Employer:
Address:

Work Phone:
Occupation:

GUARANTOR

Name: TRAUMA,SOUTHSUDAN ONE
SSN: xxx-xx-0001
Address: UNKNOWN
LYNWOOD, CA 90262

Home Phone: 999-999-9999
Relationship to Patient: Self

GUARANTOR EMPLOYER

Employer:
Address:

Work Phone:
Occupation:

EMERGENCY CONTACT 1

Relationship to Patient: Other
Name: UNK,UNK
Address:
Home Ph:
Work Ph:
Cell Ph: 999-999-9999

EMERGENCY CONTACT 2

Relationship to Patient:
Name: *No Contact Specified*
Address:
Home Ph:
Work Ph:
Mobile ph:

Insurance # 1

Payor/Plan: TRAUMA /TRAUMA PATIENT

Address:
10100 PIONEER BLVD #200
SANTA FE, CA 90670-8299

Subscriber: TRAUMA,SOUTHSUDAN O*
Pat Rel to Subscriber: Self
Group Name:
Group Number: 0001
Subscriber ID: 000000

Authorization

Auth:

Insurance # 2

Payor/Plan: /
DOB:
Address:

Subscriber:
Pat Rel to Subscriber:
Group Name:
Group Number:
Subscriber ID:

Authorization

Auth:

OTHER INFO

Organ Donor: N Primary Isolation: No active isolations	Influenza Vaccine this Season? Pneumococcal Vaccine ever?	Accident Occurrence: ONSET OF SYMPTOMS/ILLNES* Date: 5/4/2022

CSN: Printed: 5/4/22 8:19 PM

Date of Death: 05/04/2022 **Time:** 1208 **Unit/Room:** T-2 ☐Code Blue ☐Armband ☐DNR ☐In Restraints ☐ Restraints w/in 24hrs

PATIENT

First Name:	Last Name:	Medical Record #
Southsudan One	Trauma	112266444

Age:	Date of Birth:	Male	Female	Fetal-Unknown	Ethnicity:
unk	unk	☒	☐	☐	Hispanic

Home Address:	Home Phone#
unk	
City: unk	Faith:

MD's

Primary MD: unk	Phone:	Notified? ☐ Yes ☐ No Autopsy? ☐ Yes ☐ No	
Consult MD: unk	Phone:	Notified? ☐ Yes ☐ No Autopsy? ☐ Yes ☐ No	
MD to Sign Death Certificate:	Phone:	Notified? ☐ Yes ☐ No Autopsy? ☐ Yes ☐ No	

ADMIT

Date Patient Admitted: 5/4/2022 Time Admitted: 1159

Patient Diagnosis: Cardiac Arrest. Cardiac Tamponade FROM: ER ☐ MD Office ☐ Nursing Home ☐ Other: ☒ street

ORGAN DONOR

I notified organ donor contact at OneLegacy
At hotline number: 1-800-338-6112
The number given to me was: R2205-00746
Date: 05/04/22 Time: 1236

My Signature: Moses Nzeogu
Print Name: Position: RN

FAMILY

Significant Other to this Patient - Family, Friends, or Legal Guardian

Name:	Relation	Phone:
Name:	Relation	Phone:
Notification of Family/Friend - Notified By (Staff Name and Position):		Date: Time:

Does the Patient Family Request An Autopsy? ☐ NO ☐ YES ☒ UNKNOWN AT THIS TIME

If Yes, MD must write an order in Progress Notes and family must sign an Autopsy Consent Form. The entire 3 part Autopsy Consent and Record of Patient Death must be delivered with the chart to Nursing Administration within 2 hours of Patient's demise. Only patients with MDs who have privileges at SFMC will be autopsied. Payment may be required.

CORONER

Patients who expire within 24 hours of admission, post-surgery, 24 hours after an ER Admit, victims of accidents (cars, falls, or violent crime) may be a considered a Coroner Case. **If no physician will sign the patient Death Certificate the patient is to be considered a Coroner investigation. Case # is:** 2022-04841 **Deputy Name:**

Process in this manner:
Complete a Form 18 and sign it. Call the Coroner at 1-323-343-0711 to report the death. Write the Coroner case number on form. Have the entire chart for this admission copied by Medical Records ASAP. Fax Record of Death and facesheet to (310)900-8880. The patient chart copy, the original Form 18, and the Patient Death Form are to be brought to Decedent Affairs ASAP.

MORTUARY

Plans Being **Made for Patient's Mortuary Services - Please Check an Area**
Patient's Family/Legal Representative has already made arrangements with a mortuary, they are as follows:
Name of Mortuary:
Address: **Phone Number:**
Signature of Family Member: **Relation:**

☐ **No arrangements have been made. Family will call Decedent Affairs (310) 900-8622 with their information.**

Released Date: **Time:**
Mortuary Rep: **Mortuary:**
SFMC Witness: **Mortuary Address:**
Phone #

St. Francis Medical Center

Record of Patient Death

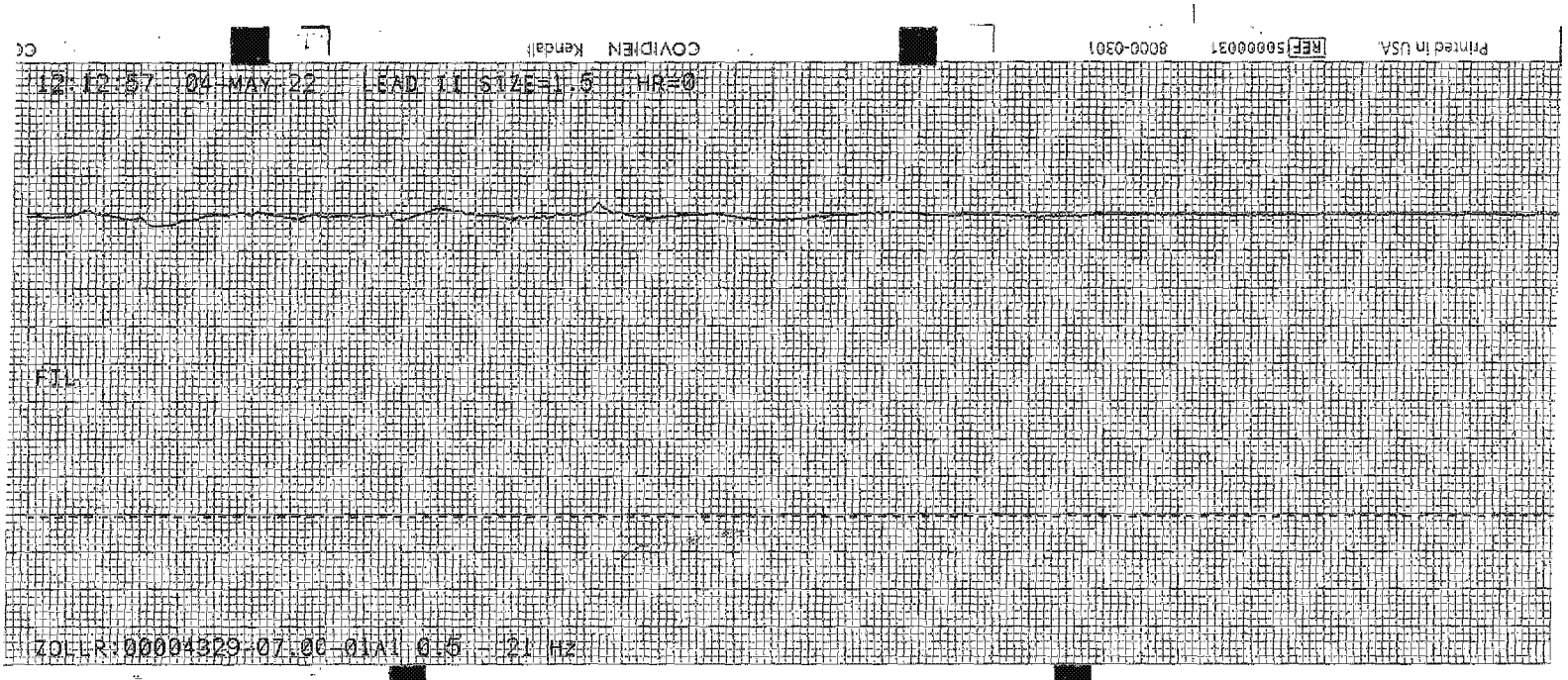
LA ST FRANCIS MEDICAL CENTER
Trauma, Southsudan One TRAUMA 02
Att Dr: Randy E Woo, MD
05/04/74 U 148 y.o. 112266444
7700065126606 Emergency 05/04/22

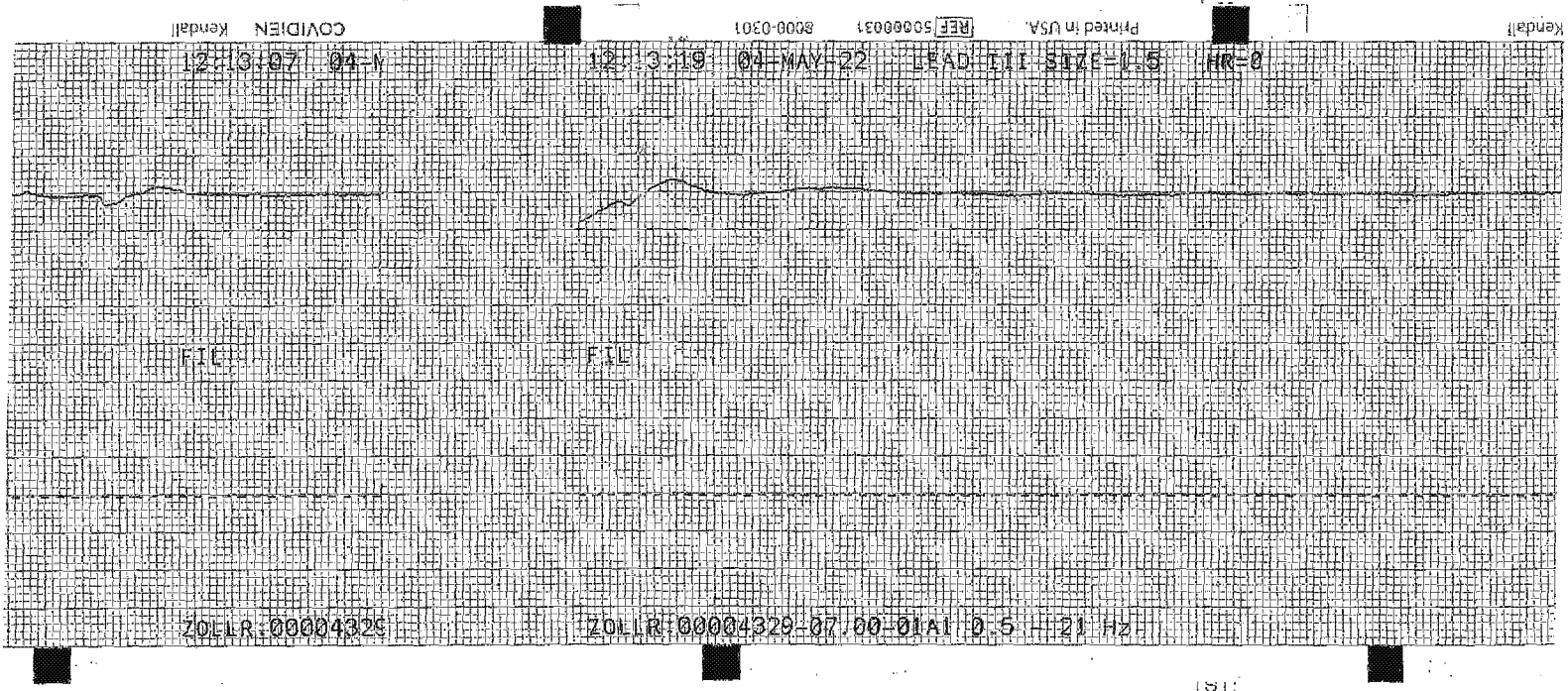
FORM #55.002 Rev 10,19. Distribution: Entire Set to Nursing Administration

At Release of Patient: White Copy-Med Records, Yellow-N Admin

AHS 7800 & DECEDENT AFFAIRS 8622

REPORT THIS DEATH NOW!





ST:
SIGNATURE
X

St. Francis Medical Center

PATIENT IDENTIFICATION
LA ST FRANCIS MEDICAL CENTER
Trauma, Southsudan One
Att Dr: No att. providers found
05/04/74 U 148 y.o. 112266444
7700065126606 Emergency

MONITOR STRIPS RECORD

44-137 (Rev. 1/16) Cardiology/Respiratory

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER

HOSPITAL AND NURSING
CARE FACILITY REPORT

1104 NORTH MISSION ROAD
LOS ANGELES, CALIF. 90033

18

TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

Saint Francis Medical Center
NAME OF FACILITY

CC# _____

ADDRESS 3630 East Imperial Hwy HOSPITAL PHONE # 310) 900-8900

NAME OF DECEDENT Trauma Southsudan one

SOURCE OF IDENTIFICATION _____ DOB Unk AGE unkn SEX Male RACE Hispanic

DATE OF DEATH 05-04-2022 TIME 1208

PRONOUNCED BY Dr Strumwasser MEDICAL RECORD OR PATIENT FILE # 1122664444

ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO BE HELD FOR THE CORONER OR ACCOMPANY DECEDENT/DO NOT DISCARD

DATE ENTERED HOSPITAL 05/04/2022 TIME 1159

☐ SELF ☒ AMBULANCE (Name or R.A.#) GF220504O488 ☒ ER DEATH? ☐ IN PATIENT DEATH?

FROM The Street/freeway
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: WDO M.D. PRIMARY ATTENDING PHYSICIAN Strumwasser M.D.

OFFICE PHONE # _____ OFFICE PHONE # _____

INJURIES GSW x 3, Right chest, Right thigh, Left tibia PLACE _____ CAUSE _____
(TRAFFIC, FALL, ETC.)
DATE 5/4/22 TIME 1159

DESCRIBE INJURIES:

CLINICAL HISTORY: Pt arrived in traumatic full arrest and asystole, CPR in progress. According to the paramedics, pt was possibly suicidal as he was running around on the 105 freeway. Medics also said that pt was hit by a big rig and also a car and he was also shot three times by the CHP. Three gunshot wounds noted on the right chest, right thigh and left tibia. Multiple attempts to resuscitate pt were unsucessful, pt was pronounced dead at 1208.

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY _____

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

LABORATORY PHONE NUMBER _____

MICROBIOLOGY CULTURE RESULTS: _____ NO _____ YES (ATTACH REPORT)

TOXICOLOGY SCREEN: _____ NO _____ YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: _____ NO _____ YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: _____

BY _____ M.D. -OR- _____
NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____ OFFICE PHONE # _____

6H655 (REV.9/13)

THE BODY WILL NOT BE REMOVED BY THE CORONER WITHOUT THIS COMPLETED REPORT AND COPIES OF ALL CHARTS